THE

NEW JERSEY MEDICAL REPORTER.

VOL. IV. FIFTH MONTH (MAY), 1851. No. 4.

A Brief Inquiry into some of the Causes of the Virulence and Malignity of the Cholera in the Island of Jamaica.

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[Read at a meeting of the "District Medical Society for the County of Mercer," January 28th, 1851.]

IT is at all times interesting to the medical observer, to note the phases of disease in every land; and the subject is forced upon us at the present time with a twofold interest, when we hear of an epidemic, fearful even in its mildest form, sweeping with terrific violence an island so neighboring, we may call it, to this continent, and with which a commercial intercourse is so constantly kept up. And while the devastation and the awful loss of life attendant on its progress in that island, more fatal perhaps than in any other portion of our habitable globe, is reported to us, we are insensibly led to inquire into the cause of this fearful mortality, and to what can be attributed the aggravated and severe form the disease has assumed.

The Island of Jamaica, it will be recollected, lies within the tropics, being situated between 17° 89′ and 18° 36′ north latitude, while a line drawn due south, strikes Washington in this land, and Kingston its chief city—lying between 76° 3′ and 78° 34′ longitude west of Greenwich. The sun in its course passing over the island twice, and proceeding little more than 5° farther north, gives the extreme heat of the tropics, and part of the time of a vertical sun, for at least five months of the year—which would be insupportable, but that

it is tempered by the sea breeze by day, and the land wind by night—the cone-like formations of the mountain ranges extending from east to west, causing the hot air to ascend in the centre, which again returns with some force, whenever the influence of the sun's power is withdrawn.

In the lowlands of Jamaica, on an average of all the year round, the thermometer may be stated as standing at 86° at noon; rising in the summer months to 89° and 90°, not often higher, and in the cooler months to 84° and 85°, descending at night to 76°, and sometimes to 68°, seldom lower; the heat of the higher mountains ranging from 10 to 15° lower than the lowlands; while the barometer rarely fluctuates during the year more than two-tenths of an inch—say from 29.80 to 30.00, except on particular occasions; the rainy seasons being May and October.

In a climate where perpetual summer reigns, and vegetation is ever luxurious; where miasma is constantly generated, and noxious vapors are borne on the laden atmosphere; and where the rain as it descends, carries with it, as it falls upon the unprotected traveler, disease and death; can we wonder that a disease so pestilential in its character, so rapid in its course, prostrating the individual, and leaving no time for remedial efforts to have effect, should spread dismay and horror amongst all classes of the inhabitants?

The human frame is happily constituted, and capable of being moulded and changed so as to accommodate itself to any climate; hence we find that individuals from a northern climate, on their first arrival in the tropics, are seized with fever. This fever is generally in the first place of the bilious remittent character, and in its progress, according to the constitution of the individual, and of course from other causes, assumes its type—in some with perfect remissions, in others approaching typhus, and in others ending in black vomit, with the other characteristics of yellow fever; such cases of yellow fever being entirely sporadic, and by no means liable to become epidemic. In this acclimating fever, the weaker frame has much the advantage of the robust, and

consequently women have a better chance of passing through the ordeal than men. A complete change is, however, wrought. In women, however high the rose may have tinted the cheek, it henceforth is no more seen—in man, his strength of constitution is impaired; the least exertion causes the perspiration to roll from his body; but, although his firmness of muscle is reduced, he can undergo more fatigue, he can bear exposure to the sun with less inconvenience, and he is not so easily affected with the noxious vapors of the night season.

Of the colored population—I allude to the browns and blacks—I may state that the former are, for the most part, of delicate make, having little strength of constitution. But while I speak thus of that portion of the population generally, of course there are many strong, able, and athletic. The late distress of the island, too, has made many fare hard. Never hearty eaters of good substantial food, they subsist for the most part upon a vegetable diet, the produce of the country, made palatable with the indigenous spices, and a small portion of salted food, either pork or fish. Similar to this, may be said to be the food of the black population; while neither, therefore, are robust nor very strong, yet they are enabled to endure much fatigue.

Disease in such a climate runs its course with fearful rapidity. A few hours lost, and the patient slips through the hands of his physician. There is no time for deliberation; but prompt and energetic must be the practice, if a chance of saving life is to be expected.

With such a climate, and among such a population, can we wonder at the havoc, the dreadful mortality which has ensued from a visit of that formidable disease, which in every part of the world has swept its thousands from the face of the earth? We must recollect, too, that when cholera pursued its devastating course over this continent in 1832; and when it visited some of the West India Islands and ports of Central America, at no great distance from Jamaica, thinning the population wherever it made its appearance, that island was happily

saved from its ravages. It runs its present course, therefore, with redoubled fury, and neither age, sex, nor color has been safe from an attack. Neither has any place or location been secure—the valley and the hill, the lowlands and the mountains, above the line where tropical fevers have been known to pass. No place has been safe from its approach.

In no country, and in no climate, has the disease manifested itself under circumstances more aggravated, or where the mortality has averaged so high in proportion to the amount of population. What the average mortality to the number of cases may be, we have no accurate means of ascertaining; but under the circumstances, where in some districts no medical aid could be obtained, where the sick and dying were deserted by their nearest friends; in a climate where miasma and noxious gases are ever being generated, where the process of decomposition and putrefaction commences almost on the instant that *vital action* has ceased to exist; where the constitution is weakened, and without the *vis medicatrix naturæ* which enables the frame to resist the influence and approach of the disease; laboring under the depressing influence of seeing those around them suddenly struck down, neither sex nor age being spared, and this not singly, but whole families, a few hours only being the period for the disease to run its course, we can scarcely be surprised at the panic it occasioned, or the horror which overtook the more timid. Such results were enough to horrify and make falter the stoutest heart.

Of the virulence of the disease we may state, that while three to five hours only was the usual time for the disease to run its course, yet a period of two and three hours was common. A correspondent from the parish of St. James' on the north side of the island says:—

"There has been dreadful mortality at Latium Estate. Upwards of 120, it is said, have fallen victims to the disease. The property is almost depopulated, there being, we understand, but the remnant of two or three families surviving. So malignant was the pestilence there, that able-bodied laborers, in robust health, while employed in the manufacturing process, were seized with cramps and spasms, and in a short space of time became lifeless matter."

Another, alluding to the disease at Spanish Town, the seat of government, says:—

"The virulence of the disease is remarkable. The body of a person who had died of it was taken out of town, and as usual, the negroes held a wake over it, which caused the greater part of them to lose their lives."

The disease first made its appearance at the town of Port Royal, about the beginning of October, when 430 out of a population of 900, fell victims. A letter dated Spanish Town, Nov. 5th, marks its progress. The writer states:—

"The country is in a dreadful state. The cholera is raging fearfully here, and is of a very malignant type. No tongue can depict the misery it has inflicted in the parishes it has visited, viz., Kingston, St. Catherines, and Port Royal. Neither sex, age, rank nor color have escaped, and no one can tell where it will stop. Whole families have been swept out of their houses in one day. We have had a great deal of rain during the season, which has undoubtedly done much towards vitiating the atmosphere.

"The disease generally attacks people during the night time. The medical men of the town are completely worn out."

In the city of Kingston, the disease continued its ravages for about eight weeks, during which period, from 5000 to 6000 persons fell victims out of a population of 35,000.

The following extracts of letters from the parish of St. Mary, show the alarming manner in which the disease manifested itself. In a letter dated 2d December, 1850, the writer says:—

"The epidemic descended on Port Maria yesterday, and its effects were truly awful. I trust in God never to witness such a scene again in the little town and suburbs. There was scarcely a house in which there was not either a dead or dying person, and in several four or five. Whole families were swept off in the course of a few hours."

And another of the 10th of December, the writer states:—

"The cholera is indeed making dreadful havoc here. From the 30th ultimo, to date, there have been 430 deaths—a little more than one-third of its inhabitants. The first house it entered, in less than ten hours, twelve out of fourteen fell victims, and since then, two or three hours' illness, in almost every case, have been the extent—when death ensues. The dead have laid in the burial-ground for days, uncovered—sometimes as many as fifty. The result has been instantaneous death to several grave-diggers."

A later communication states:—

"The disease has disappeared from Port Maria, having left about 250 souls surviving out of a population of 1000. Nor has the mortality in the rural districts been less fearful."

The following extracts of the progress of the disease and incidents connected with this awful visitation, can scarcely be read without exciting the deepest interest and sympathy.

A correspondent from the parish of Vere, states:—

"At Braziletto estate, no less than fifty people had died in the short space of forty-eight hours.

"The writer says:—Yesterday (Monday) morning I went accompanied by two gentlemen connected with the late and present Board of Health to visit the burial-ground attached to Braziletto Hospital. We found seven unburied corpses lying on the ground in coffins, and carts constantly conveying bodies for interment. Twenty other bodies, in the hospital, and in the negro houses adjoining, had been, and were at that moment, uninterred since Friday last. The John Crows were in numbers about the place, and the scene altogether was one of horror. This morning (Tuesday), in consequence of the inability to bury the dead, those negro houses which contained dead bodies were burned to the ground with the bodies in them; and as regards the corpses in the hospital, which it was intended should be completely covered with lime, as no one could be found to remove them, so no one could enter the room in which the bodies lay for that purpose, on account of the horrible effluvium."

"St. Elizabeth.—'The infection,' says a gentleman writing from the interior of the parish, 'is traced distinctly from the town into the middle quarters district about two miles from Holland on the Black River road, and has been extremely malignant, a few cases only having recovered, which Dr. King attributes to the constitution of the negroes; for although he says the medicines have in some cases conquered the disease, the system would not rally, and people have died in the act of eating cocos shortly after the attack. No after care is attended to, and the stay of the doctor is necessarily limited to the prescription and advice.'"

From the parish of Trelawny, the clergyman writes:—

"At first the mortality was frightful, but the type of the disease is milder now, and when patients are attended to, the disorder yields to medicine. I can confirm by my own observation all that is said of the heartlessness and want of natural affection among the negroes. The moment they are seized, if the relatives do not abandon the patient, they lay him on the floor, strip off any good clothes, and think the probable loss of the bed by the patient dying in it of much more consequence than the loss of the patient's life."

The editor of the "*County Union*," published in the parish of St. James, writes:—

"We cannot write for our journal, for however mortifying the acknowledgment, our heart is but soft and human, and we are totally unmanned by the awful scenes of death and misery of which Montego Bay is one immense assemblage—a mammoth hospital, sendir g out its dead for burial—with no time for mourning—no power for woe to vent itself, or for the pent-up feelings of our nature to indulge in tears. No sooner is one inmate of a family removed by death, than another victim is selected by the fell destroyer, and corpse after corpse attests the fearful

power of the pestilential scourge with which we are afflicted. What then can be expected from an editor? Can the public seek for the coinage of his brain, when his very thoughts are tinctured by the charnel house, death standing at his elbow, and the pen trembling with emotion as he writes?

"In the district in which we operate may be seen some thirty or forty dwellings—doors and windows open—tenantless—lime strewn—each one a witness of death; all a testimony of our suffering; while at intervals, where as yet some inmate is alive, is written on the door—'Lord have mercy upon us! Christ have mercy on us!' and pen can neither write nor tongue describe the melancholy feelings of horror or the cold shudder of dismay which creeps over the spectator, as, unwillingly, he is forced to witness what the mind involuntarily tells him he is passing by, and which it is in vain to close the eye against."

It is computed that not less than 30,000 souls have fallen victims to the epidemic. This, out of a population of 350,000, gives one in 11⅔ of the whole number of persons upon the island. The average mortality to the number of cases, it will be extremely difficult to obtain any accurate knowledge of, the different localities varying so much. I cannot omit here the mention of those of our medical brethren who have fallen a sacrifice and have lost their lives in the prosecution of the arduous labors entailed on them. The names of the following have come to my knowledge: Drs. McFadyen, Palmer, McDermit, Tabois, Tait, Fishborne, Bailey, Merrick, Ewart, Cooke and Creighton, all gentlemen of eminence in their profession.

I shall detain you but shortly, while I offer a few observations on what must appear strange to those unacquainted with the state of that island, when they read of whole districts of country being depopulated, having had no medical aid on which they could call for assistance.

At the period of the abolition of slavery, perhaps no portion of the population suffered more by the great change than the members of the medical profession. During slavery, the proprietor of an estate or plantation not only remunerated the medical attendant, but provided an hospital, where the sick slave was received and every attention paid to his case; medical attendant, nurse, medicines, and nourishment, were all found for him. The relatives of the individual were in no way called upon to contribute to his wants; and if the slave died, he was buried at the master's expense. The change

from slavery to freedom completely altered this state of things; the relative position of master and dependent ceased; the chain which bound them, not only of slavery but of interest and affection, was snapped; the laborer would own no master; and all that the proprietor of an estate was called upon to do was to pay the laborer for work performed. The hospital was disbanded, and the medical attendant was left to make what arrangement he could. The negroes could not understand why they should not have the same advantage in a state of freedom they enjoyed during slavery. The consequence was, that in some cases the medical attendant was absolutely starved out; and thus whole districts became destitute of any resident medical practitioner.

To the same cause must be partly attributed the barbarity and cold-heartedness which has been, on so many occasions, shown by the negro population, on the late visitation of the cholera. Accustomed to have every necessary provided, and every want supplied, we can easily understand why an ignorant and semi-barbarous people should think it strange to have to expend their time and means to provide for their suffering relatives. And hence, without sensibility or feeling, or natural affection, they deserted them in the time of need, stripped the good clothes off the perishing victim, and actually demanded payment for aiding to bury their own dead.

At such a period, and under the difficulties attendant on the absence of medical aid, it became necessary to issue general directions, that the friends and neighbors might, on the instant, apply such relief as had been suggested by the different medical boards. I am fortunately able to subjoin a copy of these suggestions, distributed freely among the inhabitants in the rural districts.

Suggestions from the Board of Health, for the Guidance of the Clerical Cholera Committee.

In cases where the bowels are simply relaxed, with yellow bilious motions, give one grain of opium, or twenty-five drops

of laudanum, in a little ginger tea, and repeat it every hour, or every second hour, until the disorder is checked.

In many instances there are severe pains or spasms of the bowels and stomach, without vomiting or purging. In these, give two grains of opium, or forty or fifty drops of laudanum in warm ginger tea, or hot brandy toddy, and repeat the same every two hours, until relieved, giving the following morning a full dose of castor oil, (say two tablespoonsful), and a dessertspoonful of spirits of turpentine, as an aperient.

If there be vomiting or purging, or both combined, of watery, rice-colored matter, with warm spine, and no appearance of collapse, give fifteen grains of calomel with three grains of opium, and follow it up by a similar dose in an hour or two, and if not relieved, give three grains calomel, one grain of opium, and three grains of camphor in two pills, every second or third hour, until the desired effect is produced.

If the vomiting and purging is watery with collapse, (coldness of the skin, great prostration, failure of the pulse, &c.,) give at once ten grains of sugar of lead, with three grains of opium (if no opium has been given before), and repeat three or five grains of sugar of lead, with half a grain of opium, every hour, or every second hour, according to the urgency of the symptoms, and until relief is obtained.

In regard to diet, give arrow-root, sago, and the like, with a little brandy; and in the collapse stage, the following mixture may be given, two tablespoonsful every half hour:—

Carbonate of ammonia two scruples, camphor mixture, eight ounces mixed, or fifteen drops of spirits of hartshorn, in a couple of tablespoonsful of ginger or mint tea, and repeat it every quarter of an hour, or twenty minutes.

Where there are cramps of the limbs, let them be well rubbed with spirits of turpentine, applying dry warmth; and apply to the stomach and bowels flannel wrung out of hot spirits of turpentine.

For drink, cold water, barley, &c.; water rice to be given freely.

The above is for adults, and can be proportioned to the age of the patient.

For young children, and to the age of ten, the compound powders of chalk with opium, as prepared by the druggist, is safer to use than giving proportionate doses of laudanum or opium.

For an adult, ten or twenty grains, repeated several times a day, or after each evacuation, will be the dose; and it may be given to the youngest infant with safety in the dose of three grains, repeated according to the necessity of the case.

(Signed) ——— ———, M. D.

November, 1850.

From the foregoing, we may observe, 1st. That the progress of the epidemic was from the south-east to the north-west, diagonally across the island, diverging to the east, apparently having no law to guide it; hill and valley, plain and mountain, river course and arid soil, being equally subject to the visitation.

2d. That children were equally liable to the disease, as the more adult population.

3d. That the great mortality raged among the colored population, the ratio of deaths being less in proportion among the merchants and others in like standing.

4th. That in most cases, the disease appeared without any premonitory symptoms; and one case occurring in a locality, was the forerunner of a large number being affected, numerous deaths taking place within forty-eight hours of its first appearance.

I cannot close this brief inquiry without adverting to the loss the medical profession has sustained, in the death of one of the gentlemen already named, whose professional acquirements, scientific attainments, and kindness of heart, had gained the respect and affection of all who became acquainted with him.

Dr. James McFadyen, a graduate of Glasgow, Scotland, went to the Island of Jamaica about the year 1822, at the

recommendation of Sir Wm. J. Hooker, to fill the office of Island Botanist, an office which a few years after, owing to the rapidly declining state of the island, was so shorn of its emoluments, as to induce him to resign, and he returned to the duties of his profession. In the meantime, however, he had not been idle, but collected so large a mass of information, that he was enabled to publish the first volume of his "*Flora Jamaicensis.*" The second volume of this laborious work, I learn, was almost completed at the period of his death, and it is to be hoped that some kind friend, adequate to the task, will see it through the press, that it may not be lost to the public. Fully occupied with a large practice, he yet found time to offer contributions on medical and botanical subjects, several of which he read before the various societies in Kingston. Others were published, one of which is entitled a "*List of Plants growing in the plain of Liguanea, St. Andrews,*" numbering 598. A note appended to the list, states, "The plain of Liguanea I consider as extending from the Ferry to Rock Fort, bounded towards the north by the base of the mountains, and towards the south by the sea. The vegetation of the upper part of the plain, which is frequently visited by showers from the hills, is very different from the dry parched fields and thickets of the neighborhood of Halfway Tree; and this again differs considerably from what is observed along the sea coast, on which stands the city of Kingston."

The only apology I shall make for detaining you with this short extract is, because, in my opinion, the example is an excellent one to be followed. By confining the researches to an area of a few miles at a time, a much more minute and accurate knowledge of the botany of a locality can be obtained, than when extended over a larger and more extensive surface.

I shall close these observations with the hope, that although they allude to a country foreign to our own, yet the subject is not without interest to those who wish to add to their general information, and the knowledge of disease, and of the human race, in other lands.

Poisoned Wounds.—By Geo. W. Patterson, M. D., Resident Physician of the Northern Dispensary.

A variety of this class of wounds I occasionally see at the institution with which I am connected, a notice of which I have thought might be interesting to your readers.

The disease is known to those who are subject to it, as "*bone fever*," so called, I suppose, because it is not an unusual occurrence to workers in bone.

It usually happens in the following manner. In order to soften the bones preparatory to turning them, it is customary to macerate them in water. This, although not allowed to stand for a long time, soon becomes quite putrescent. If the hands of those employed be now placed in this fluid, while there are any wounds or abrasions upon them (and they are very liable to such accidents), the disease under consideration is soon developed.

I have never seen it at an early period, having usually, when it came under my notice, extended from the extremity of one or more fingers up the hand, in the form of erysipelatous inflammation, this extending to the other fingers in succession, and disappearing from them in the order in which they were attacked, though adhering with pertinacity to the finger primarily affected. In no instance did the inflammation eventuate in suppuration. Red lines were perceptible about the wrist and forearm, indicating inflammation of the absorbents.

It is attended from the first with intense throbbing pain, and as it advances, more or less febrile excitement is developed. This severe affection, occurring generally to persons who are entirely dependent upon their daily labor for support, detaining them frequently a long time from their employment, is to them a grievous affliction.

When seen early, it would appear reasonable to suppose that cauterization of the wound with nitrate of silver, would arrest its course. In my first case, where it was applied to the wound, it did not seem to be of any service; the disease,

however, had advanced to some extent previous to the application; at the same time cooling lotions were applied and a cathartic of sulphate of magnesia, with a nauseating dose of ant: et pot: tartras, was administered. The remedies employed not acting very promptly in the removal of the disease, the patient without my direction, applied lye poultices, to which apparently the disease soon yielded. Being disposed to give this application some credit, I concluded I would use a sol: of carb: of potash in the next case of the kind I should be called upon to treat. I accordingly did so, and have since had six cases, and found the following lotion, applied warm, an efficient application.*

℞.—Potass. carbonat: ℥ss;
Tinct. opii, f℥j;
Aqua, Oj.—M.

Whether the nitrate of silver would have acted more beneficially in the case alluded to, had it been applied to the wound sooner, or subsequently to the whole of the inflamed surface, I am not prepared to say, though I am aware that the latter practice has been recommended in erysipelatous inflammation.

In regard to the application of caustic to poisoned wounds, Sir A. Cooper says, "An opinion is entertained by many that the symptoms after injuries in dissection do not depend upon the absorption of putrid matter, but on the constitution of the injured person, wherefore they reject all escharotics. Whether this opinion be well founded or not, I however agree with them in regard to the application of caustic, as thereby irritation and inflammation of the wound with its consequences, which otherwise would not have happened, would be only too easily produced."

There appearing to be some analogy between the poisoned wounds under consideration and wounds received in dissection, it would seem from the authority I have quoted, that no

* When used in conjunction with the general treatment before mentioned.

benefit could be expected from caustic applications in such cases. In the present instances, however, the alkaline solution was certainly beneficial, and I consider it preferable to lye, inasmuch as a preparation of known strength is thus furnished, the homely application which is so frequently resorted to being of variable power, and sometimes causing troublesome ulcerations. I have seen such results repeatedly.

PHILADELPHIA, *March* 13, 1851.

Allopathy, a Misnomer. By JAMES H. STUART, M. D.

I SELECT the columns of your journal for my present communication, principally because it is edited in a State which has shown, and is showing, a most zealous determination to purify our noble profession from the stains which all must admit are beginning to fall upon it.

The subject I would call attention to at present, is one which merits more attention than is usually paid to it by educated physicians. I allude to the careless adoption of popular terms by medical men, which, however slight the evil of any individual instance, is productive in the aggregate, of vast harm.

One word alone will serve my purpose, as an illustration. The word "Allopathy." This is in very frequent use, even among physicians, and, as you *well* know, Mr. Editor, it is, as applied to the regular practice of medicine, a gross misnomer. When physicians use it they grant to Homœopathists, Hydropathists and other quack "pathists" all they ask, viz., a tacit acknowledgment that *we* are practising on but one of several *systems* of medicine while *they* practise on the others; than which nothing can be more absurd. For, the derivation (from *allos* another, and *pathos* suffering) implies that contrary to the infinitesimals, *we* cure by remedies of an *opposite* character to the manifestations of disease, whereas *they*

use "*like* medicines." This is, of course, an absurdity; for the regular physician has, since Hippocrates, practised on an eminently eclectic system, disdaining *nothing* which would conduce to the desired end, whether strychnia and veratria, or chalk, and bread pills.

The evil of yielding to quacks by adopting the titles they choose to saddle us with, by condescending to appear as the *opposites* of *any* quackery, is immense.

The regular practice of medicine has marched steadily and proudly on from the remotest antiquity, increasing certainly in strength and usefulness, totally regardless of the various quacks and nostrums which have risen, flourished during their ephemeral existence, and faded in obscurity around it. And shall we *now* condescend to *name* our loved science by a title even remotely allied to quackery?

It is degrading in any regular physician to descend from his high eminence and adopt a term invented by quacks to undermine the dignity of our profession. I could say much more on this subject, but I grow indignant in contemplating such knavish impudence, and feel that all must perceive the necessity of retaining our self respect.

Erie, Pa., *March* 8, 1851.

Cholera, a Misnomer. By Geo. H. Doane, Student of Medicine.

The aim and object of science is indubitably the classification of knowledge; and it is because the experience of former ages in the practice of medicine has become classified in our own, that we often hear the elevation of medicine to a science spoken of as one of the advances of the nineteenth, upon former centuries. To this most desirable end the antiquity of its resources has often proved a serious obstacle. For instance, although many of the old diagnoses of diseases

have been found erroneous, the names are still retained, which sprang from them. Therefore, in an attempt to classify such, the nomenclature would point to one compartment, while the real nature of the disease would point to another. It should be the business of all who desire to see the good work prosecuted which has been so well begun, to detect and disclose all instances of this nature which may occur to them.

The recent prevalence of the so-called "Cholera Asiatica," in our country, made me notice more particularly the discordance between the treatment of it, as founded upon the nature of the disease, and that which the name would lead us to employ. While the name would say, "The flow of bile is to be arrested," the state of the case would say, "The liver is torpid, and to the re-appearance of its secretions should all our efforts be directed." Thus, the name would forbid us to use the medicine which all testimony concurs in recommending as the only reliable remedy, viz., calomel.

Again, no one denies the inapplicability of the present name, and to avoid this contradiction in terms, let us adopt as a substitute (provided a better one does not offer) the name "Orrhœa." Its derivation (from ὀρος serum, or water of the blood, and ῥεω to flow) perfectly describes the disease.

Among other advantages resulting from such a name as this, the abstemious diet which was so much in vogue during the prevalence of the disease, and which unquestionably was one of the great causes of its mortality, would be avoided. It would be plain to all, that a well-nourished body would be far more capable of resisting the attacks of this malady, than one laid open to its inroads by the deteriorated state of the system. Thus the disease and its representative name would agree in the compartment of nosology, to which it should be consigned.

Burlington, *April* 16, 1851.

Extracts from the Minutes of the Annual Meeting of the Dist. Med. Society for the County of Burlington, held at Mount Holly, April 15th, 1851.

THE President, Dr. Budd, in the Chair. Present twelve members.

The minutes of the last meeting were read, corrected, and adopted, and directed to be recorded.

Dr. Young, of Bordentown, Dr. S. W. Butler, of Burlington, and Dr. R. H. Page, of Columbus, were unanimously elected members, when, being present, they paid the initiation fee, signed the constitution, and took their seats in the society.

Dr. Woolston called the attention of the society to a letter received by himself, from Dr. Stanley, of London, in reference to the splint invented by Dr. W., for the treatment of fractures of the femur, which, on motion, was read.

On motion, it was *Resolved*, That this society recommend to the notice of physicians and surgeons, the splint invented by Dr. Woolston, for the treatment of fractures of the femur, as having merits claiming the attention of the profession in general.

The Secretary is directed to furnish Dr. Woolston with a copy of this resolution, signed by the President and Secretary.

The society then went into an election of officers for the ensuing year, when Dr. H. H. Longstreet was unanimously chosen President; Dr. I. P. Coleman, Vice-President; Dr. B. H. Stratton, Treasurer; Dr. F. Gauntt, Corresponding Secretary, and Dr. Job Haines, Recording Secretary.

Drs. Job Haines, I. P. Coleman, S. Woolston, and George Haines, were chosen delegates to represent this society in the State Medical Society the ensuing year, with power to fill vacancies.

After the report of the committee upon the finances of the society, the President read a paper upon uterine hemor-

rhage, giving the history of some cases, together with remarks upon the use of the tampon. After considerable discussion upon the treatment and remarks from the members, a vote of thanks of the society was given to the President for the address, when the society adjourned, to meet on the third Tuesday of October next.

JOB HAINES,
Secretary.

Case of Amputation not followed by Suppuration.—In a private letter from a medical friend in Boston, Mass., the following singular case is adverted to. Speaking of a late amputation at one of the public institutions in that city, in which the arm was taken off just below the elbow, he says,

"I will mention in connection with this case, what is very remarkable. Since the closing of the flaps, there has been no tumefaction, no inflammation of the stump, and consequently no suppuration, except a drop or two around the ligatures, which have not yet come away, though this is the fifth week since the operation. This *perfect* union by the first intention, is the more astonishing because the subject is scrofulous, and was not in a very favorable condition. The arm was removed on account of a scrofulous affection of the wrist. Several of the tissues were invaded, and the patient suffered greatly from pain in the hand."

BIBLIOGRAPHICAL NOTICES.

On Diseases of Menstruation and Ovarian Inflammation in Connection with Sterility, Pelvic Tumors, and Affections of the Womb. By EDWARD JOHN TILT, M. D., Physician to the Farringdon General Dispensary, and to the Paddington Free Dispensary, for the Diseases of Women and Children. "*Omne animal ab ovo.*" New York, Samuel S. and William Wood, No. 261 Pearl St., 1851.

WE have just received from the publishers a copy of "Tilt *on Menstruation*," pp. 286; and though we have not had an opportunity to read it carefully, we find it to contain much that has not hitherto been collated on the diseases of the female generative systems. The author says in his preface, "I can lay claim *unfortunately* to no discoveries; but from an acquaintance with the literature of that branch of the profession to which I have devoted my chief attention, I feel justified in affirming that in no other work will the reader find so complete an account of the various ways in which sterility is produced by the action of inflammation on the ovarian tissues, of the great importance of ovarian peritonitis as a cause of disordered menstruation, or of the influence of ovarian inflammation in the production of uterine disease—facts forcibly exemplified, and proved to be not mere conventional possibilities, but events of frequent occurrence." Dr. Tilt assumes that the uncertainty of medicine, and the want of success in medical practice, is owing to a want of precision in medical language—our terms being too general to indicate special diseases. Hence the nosology of uterine diseases as at present acknowledged under the terms amenorrhœa, dysmenorrhœa, leucorrhœa, and menorrhagia, are discarded by the author, as having no definite meaning. The indications by which we recognize them depend upon such a

variety of causes, that they should no longer be considered as substantive terms; each name signifying too many conditions to be represented by a single term. The uterus is not considered the principal organ of generation, being subservient to the ovaries, and holding the same relation to these bodies that the bladder does to the kidneys. It is therefore thought that the diseases which we are in the habit of calling uterine, and the great variety of sympathies resulting therefrom, are justly attributable to the ovaries: that they are the result of sub-acute ovaritis, and should be called ovarian.

Time will not admit of a much more extended notice of this interesting volume; but we find in the concluding chapter, that the author makes a few practical deductions from what he has stated in the body of his book, which will signify to the reader the idea which seems to give character to his investigations in this interesting department of medical science. The diseases of menstruation are mainly attributed to ovarian inflammation, or of structural lesion of the ovaries, while organic lesions of the neck of the womb are said to be induced by the same causes. Hysteria also is traced to subacute ovaritis, by inducing a reflex action of the cerebro-spinal nerves. The suppression of the menstrual flow is also traced to the same ovarian origin, inducing uterine engorgement. Painful menstruation is accounted for as a symptom of ovarian peritonitis, or of morbid ovulation, the pain being induced by an effusion of the menstrual secretion into the peritoneum, in consequence of a partial closure of the neck of the uterus.

We think the profession cannot fail to be interested by a perusal of Dr. Tilt's observations; and we would recommend them to obtain it. We ought to mention that much of the work is occupied with the history of cases, treatment, &c., from which much that is valuable may be obtained.

We would take this opportunity to remind the publishers, that had the work been sent through our agent in New York, whose address will be found on the cover of the "Reporter," it would have been received much earlier. We suppose it has been some weeks in reaching us.

The *U. S. Pharmacopœia for* 1851, revised and improved by the National Convention, lies on our table, and a notice of it will be prepared by a pharmaceutical friend for our next number.

Medical Delusions, by WORTHINGTON HOOKER, M. D., is also waiting for and deserves a notice, but we cannot say more now than that it is equally worthy of regard as his late work entitled "*Physician and Patient.*"

Cases of Vesico-Vaginal Fistula, treated by Operation, by Geo. HAYWARD, M. D., of Boston, is the title of a pamphlet of twenty-one pages, which has been received within a few days. It describes nine cases successfully treated by Dr. Hayward. In three cases the operation was entirely successful; in five the patients obtained great relief, so that the urine could be retained for a number of hours, without any escape through the fistulous opening; and in the remaining two, no benefit was derived from it. The method of operating is to close the fissure by ligature, and draw the urine by a catheter till cicatrization takes place.

JUST in time to notice on this blank space of our proof-sheet, we have received a pamphlet entitled "*The Present Tendency of Investigation in Medicine*," an Address, by Dr. SAMUEL PARKMAN, of Boston, before the Suffolk District Medical Society, at its Second Anniversary Meeting, March 28, 1851.

EDITORIAL.

THE MEDICAL LAW.

Our readers will find in the Eclectic Department, the supplement to the medical law, passed by our last legislature. Its provisions materially modify the old act of 1830. While it relieves graduates of medical schools, which are, or may be recognized by the medical society, from the penalty imposed upon illegal practitioners, it leaves no room for complaint on the part of the people, that they cannot discriminate between those who have been trained in schools of acknowledged merit, and those which have grown up like mushrooms, to spread their poisonous shadow for a season, and beguile the unwary into a dependence upon false theories and dangerous practice, for the mere purpose of personal aggrandizement, by promises which are seldom realized, and which no honorable and well-informed physicians would ever make.

We would rejoice to see the newspaper press of New Jersey take the ground upon this subject that has been assumed by the "*Sentinel of Freedom*," of Newark, from which journal we subjoin the following extract of an editorial article on the importance of legal restraints, upon entering the professions of medicine and law.

"There was a time, when wholesome restraints upon license, which some persons call liberty, were thought to be useful checks against fraud and deception. The general enthusiasm for civil and political freedom has changed all this, and made the least restraint upon personal action in the highest degree unpopular. It is a wonder that any traces of it at all are left. There are, however, some. One, for example, is the requisition, that the owner of a steamboat shall procure and publish a certificate of the soundness of his apparatus at stated periods. People are even yet very much dissatisfied that other and more stringent restrictions are not imposed on men who deal in steamboats.

Does not the public run a greater hazard every day, sometimes in respect to life, sometimes in relation to their property or reputation, in coming into connection with practitioners at the bar, or members of the medical profession? Certainly, the risk incurred, by being put in the power of these, in life, estate, and fame, is quite as great as traveling in steamboats; and the loss and suffering quite as hard to be foreseen, or be avoided. It requires as much sagacity, every one must allow, to distinguish between a good and bad physician, as to tell a sound steamboat from a rotten one.

"It cannot be denied that the less favored portion of mankind need some help to save them from being made the prey of the unprincipled and designing. The qualifications required of men for the privilege of exercising certain callings, ought to be viewed, as they are evidently intended, as restrictions, not privileges; and designed as safeguards for the rest of the world. Somehow or other, instead of this obvious view, the reverse aspect has been so adroitly presented, and somebody has had the ingenuity to persuade the public that they have, as a body, a greater interest in extending the facilities of getting into a profession, than they have in increasing the securities that the professions at large shall discharge their responsible offices with integrity and talent. The very statement of the matter proves, at a glance, that the principal concern of the mass of the public is, that there should be some evidence presented somewhere, and to somebody who is qualified to judge of such abstruse and difficult matters, as the qualifications of the practitioners of law and medicine, so that they who are not able to form any opinion, of themselves, shall not be imposed on by their inability to tell a man of real knowledge from a dishonest pretender. There is a great embarrassment now in the minds of the majority of the community on those points, where they have no particular means of information; and thousands of strangers, especially in cities, are just as likely to place their property, or their lives, in the hands of miserable charlatans, as of honorable men.

"It is perfectly ridiculous to suppose that there is, when compared with the mass of the community, any number of men worth mentioning, who are anxious to embrace either of the professions. It is not their wish or advantage, therefore, which is to be consulted, but that of the great balance of the people, which deserves the care and parental consideration of the Legislature. It is they, who are every moment in imminent danger of imposition, and know not how to avoid it, for whose protection barriers should be erected. Especially should none now existing be abolished, under the hollow pretence that such an act will be the destruction of the privileges of a few; when, in reality, those very requisitions, falsely called privileges, are the invaluable securities of the public against ignorant pretension, empiricism, and fraud."

It is a mortifying fact, that though editors and publishers are well paid by quacks and impostors, they are so generally willing to make their papers the instrument by which the thoughtless are deceived, the ignorant cheated, the sick and suffering made more miserable, and the confidence of the public lessened in the usefulness of scientific research, and the necessity of laborious study, to acquire a knowledge of

the human system, both in its healthy and diseased conditions, with all the collateral acquirements that are essential to the wise administration of remedial measures, in the hour of sickness and pain. We hold it also to be an incontrovertible truth, that all advertisements for quack medicines, all certificates of wonderful cures, all recommendations for secret remedies, and the like, with which the columns of our public papers are crowded, have a demoralizing tendency upon the public mind, because they deceive the people by promising what is never accomplished, and have no foundation in science or truth. The profession of medicine is an honorable profession; it has no secrets, it asks for no certificates, it seeks no editorial flattery, or newspaper recommendations; it depends not upon the popular cry; its attributes are humanity and love; its aim, to relieve suffering, and if possible, to save life. And while we do not entirely approve some of the modifications made by the legislature in our charter, we believe it has met the issue, which has been pressed upon it by petitioners to abolish all restrictions upon this subject with a commendable regard for the public good, and desire to protect the uninformed from the injurious tendency of the various forms of empiricism which are rife in the community.

American Medical Association.—This Association meets in Charleston, South Carolina, during the present month.

The delegates appointed by the New Jersey State Medical Society are Drs. G. R. Chetwood, of Elizabethtown, and I. S. Mulford of Camden, and Drs. S. H. Pennington, of Newark, and A. D. Woodruff of Haddonfield, alternates.

TO CORRESPONDENTS.

We are indebted to the correspondents of the "*Reporter*," for their prompt attention to our suggestions, and would return our thanks therefor. To Dr. Paul we feel especially obliged for the pains he has recently taken to add to the value and interest of our journal, by furnishing us with his several valuable papers.

EXCHANGES, ETC.

The March number of the *Charleston Medical Journal* has not come to hand. Will the editor oblige us by forwarding it?

Why do we not receive the *Western Journal of Medicine and Surgery* and the *North Western Medical and Surgical Journal?* We would be glad to receive those journals regularly.

The *Northern Lancet* begins its third volume in a new form and very much improved in typographical appearance, which we *do hope* will be kept up, as it was formerly almost illegible. We hope the editors will not sacrifice real worth to cheapness.

The *Western Lancet* always comes to us in *dishabille*, consequently it is very apt to be laid aside in looking over our budget, to avoid the trouble of trimming the leaves. This is the only fault we have to find with that excellent journal.

The following miscellaneous pamphlets have been received.

An Address delivered before the Erie County Medical Society. By Rev. William Flint, M. D. This highly interesting address contains a brief history of medical delusions, and is worthy of extensive perusal, both in and out of the profession.

Proceedings of the Medical Association of the State of Alabama, held in Mobile, Dec. 1850.

Success in the Medical Profession, an Introductory Lecture, by John Ware, M. D., of Boston.

Comparative Intellectual Standing of the Medical Profession, an Introductory Address to the Class of the Medical School of Maine. By E. R. Peaslee, A.M., M. D.

Charge to the Graduates of Jefferson Medical College, Phila. By Thos. D. Mütter, M. D., March, 1851.

By-Laws, &c. of the Pennsylvania State Lunatic Asylum.

Eighth Annual Report of the N. Y. State Lunatic Asylum.

Thermal Ventilation, and other Sanitary Improvements, &c. Discourse delivered at the New York Hospital, by John Watson, M. D.

ECLECTIC DEPARTMENT.

A Supplement to an Act entitled "An Act to Incorporate Medical Societies, for the purpose of regulating the Practice of Physic and Surgery in this State," passed January 28, 1830.

1. *Be it Enacted by the Senate and General Assembly of the State of New Jersey*, That the annual meetings of the Medical Society of New Jersey shall be held yearly and every year, in the city of Trenton, on the fourth Tuesday of January; and that the said society be and is hereby authorized and empowered to dispense with its semi-annual meetings.

2. *And be it Enacted*, That it shall be lawful for any person of good moral character, who has obtained a diploma for the degree of Doctor of Medicine and Surgery, from the College of Physicians and Surgeons in the city of New York, the Medical Department of the University of the city of New York; the Medical Department of the University of Pennsylvania; Jefferson Medical College, and the Medical Department of Pennsylvania College, in the city of Philadelphia, or such other Medical College or University as the Medical Society shall from time to time designate, to present such diploma to the President of the Medical Society of New Jersey, together with the testimonials of his good moral character; and the President of said Society shall thereupon, if satisfied with such testimonials, be authorized and empowered to grant a license under his hand and seal of the Society, to the person named and intended in said diploma, to practice physic and surgery in the State of New Jersey; for which the said President shall be authorized to demand from the person so licensed a sum not exceeding five dollars, to be

appropriated in such manner as the members of the said Society shall order and direct.

3. *And be it Enacted*, That the penalty and disqualification, specified in the twelfth section of the act to which this is a supplement, shall not be held to apply to any person who, without having passed an examination by the censors, has received a license from the President of the Medical Society of New Jersey, agreeably to the second section of this act.

4. *And be it Enacted*, That it shall be lawful for the Medical Society of New Jersey, to require the censors appointed under the eighth section of the act to which this is a supplement, in addition to the subjects specified in the said section, to examine the applicant or applicants for license, not having obtained a diploma in the arts, from some college or university, on such branches of general science and learning as the said Medical Society shall from time to time designate.

5. *And be it Enacted*, That it shall be lawful for the Medical Society of New Jersey to direct its board of censors to demand from every applicant for examination, not having obtained a diploma in the arts, satisfactory evidence that he has employed one of the four years of study required in the ninth section of the act, to which this act is a supplement, in the study of such branches of general science and learning, as may have been designated by the said Medical Society, agreeably to the fourth section of this act.

6. *And be it Enacted*, That the tenth section of the act to which this act is a supplement, be and the same is hereby repealed.

7. *And be it Enacted*, That it shall be lawful for the Medical Society of New Jersey, on application by any District Medical Society, legally organized, in this State, to revoke the license of any person who shall have obtained the same through fraud or in violation of any of the requirements of this act, or the act to which this is a supplement, or who has dishonored himself by disgraceful conduct or gross malpractice; *Provided*, that the person so charged shall have had full opportunity of defence, and two-thirds of the mem-

bers of the Medical Society of New Jersey, present at an annual meeting of said society, shall, by ballot, sustain the charge.

8. *And be it Enacted*, That the whole amount of penalty in any instance incurred, under the twelfth and fourteenth sections of the act to which this act is a supplement, shall be paid into the treasury of the city or township in which the offender resides, for the benefit of the poor.

9. *And be it Enacted*, That all such parts of the act to which this is a supplement, as conflict with the provisions of this act, be, and the same are hereby repealed.

Approved, March 14, 1851.

Morphine in Strangulated Hernia.—Dr. A. B. SHIPMAN, of Syracuse, N. Y., speaks in terms of the highest commendation of this remedy, as being speedy, safe, and satisfactory in its operation. It has been employed with marked success by himself and some of his medical friends for several years, never failing when given in full doses, unless extensive adhesions have taken place, rendering reduction impossible without resorting to an operation. He believes that "there is scarcely a case of recent strangulation which may not be speedily and easily reduced by a judicious use of large doses of morphine." Its *modus operandi* is by allaying spasm and relaxing the muscles, thus allowing the spontaneous reduction of the hernia, especially if the position of the patient is favorable. It also prevents the recurrence of effusion, by allaying irritation, thus preventing inflammation from developing itself, as it would do if anodynes were not exhibited. Dr. S. does not present this as a *novel* mode of treatment, but desires to call the attention of the profession more particularly to it, thinking it applicable to a greater extent than has hitherto been supposed.—*Boston Medical and Surgical Journal.*

Eruptions of the Skin during Pregnancy.—In a communication read at a quarterly meeting of the Rhode Island

Medical Society, Dr. HIRAM ALLEN related two cases of eruptions on the skin, accompanied by excessive itching, occurring during pregnancy, in each of which the patient was afterwards delivered of a dead fœtus, in a state of partial decomposition, having apparently been dead for several weeks.

Dr. A. views this in the light of cause and effect, considering the disease of the surface as "the effect of Nature's depurating process, to rid the system of intra-uterine poison which had been absorbed."—*Ibid.* *

Consultations.—Dr. WARE, of Boston, in his "*Success in the Medical Profession*," says, "There is no way in which a patient is so likely to derive all possible aid from our art, in a case involving great anxiety and danger, as when he is under the combined care of an old and young physician, and has all the advantage of the observation and vigilance of the one, and of the experience and wisdom of the other." *

List of Colleges, Classes, and Graduates for 1851, *so far as heard from.**

	Class.	Graduates.	Proportion of Grad's to Class.
University of Pennsylvania,	466	167	one in 2.79
" New York,	411	116	" 3.54
" Virginia,	93	24	" 3.87
" Maryland,		45	"
" Iowa,		10	"
" Missouri,		83	"
" Buffalo,	115	30	" 3.83
Washington University of Baltimore,		13	"
Harvard University,		10	"
Jefferson Medical College,	504	227	" 2.22
N. Y. Coll. of Phys. and Surg's.,	230	56	" 4.10
N. Y. Medical College,	40	12	" 3.33

* For a part of this list we are indebted to the New York Medical Gazette.

	Class.	Graduates.	Proportion.
Pennsylvania Medical College,		36	one in
Phila. Coll. of Med. (2 sessions),	244	72	" 3.38
Western Reserve College,	202		"
Starling Medical College,	125	35	" 3.57
Castleton Med. Coll. (2 sessions),	153	64	" 2.39
Yale College,	38	11	" 3.45
Geneva Medical Institution,	101		"
Albany Medical College,	93		"
Medical College of Georgia,	159	50	" 3.18
Richmond Medical College,		26	"
Ohio Medical College,	180	59	" 3.05
Louisiana Medical College,		37	"
Medical School of Maine,	51		"

Anæsthetic Action, (L'Institut, No. 886.)—M. ARAN has made experiments on the anæsthetic action of certain agents used as an external application to the skin, and has found that the best material for this purpose is chlorated chlorohydric ether. The sesquichloride of carbon may also be used, but whilst the ether operates effectually in a few minutes, at least two hours are required to produce insensibility with the sesquichloride. To produce the desired effect, from 15 to 30 drops of the pure chlorated chlorohydric ether suffice; they are put upon the part in pain, or upon a piece of linen cloth which is to be immediately applied to this part, and the contact is maintained by a bandage; and quickly the pain is relieved. A pomatum of this ether may also be employed, consisting of 4 grammes to 20 of suet; or if of the sesquichloride of carbon, 4 of this agent to 30 of suet; it may be used either with friction or without. The insensibility is not simply cutaneous, for it gradually extends to the parts beneath.

The chlorated hydrochloric ether is obtained by the action of chlorine on hydrochloric ether, by which compounds containing chlorine in increasing proportions are formed, isomerous with the series of bicarburets of hydrogen, and identical with the same series in the density of the vapor for corresponding compounds. It is a colorless liquid, of an ethereal aromatic odor analogous to chloroform, and a sweetish and even peppery taste at times; hardly soluble in water, but wholly so in alcohol, sulphuric ether, and most of the fixed and volatile oils. It is without action upon paper of tournsol; is not inflammable; has a variable density and a variable point of ebullition, oscillating between 110° and 130° C., showing that the material is rather a mixture of several ethers than a single simple substance. All the chlorated chlorohydric ethers have the same anæsthetic properties, and they cannot be separated completely from one another.—*Am. Journ. of Science and Arts.*

Cod-Liver Oil in Diseases of the Eye. Wills' Hospital Reports. By A. F. MACINTYRE, M. D.—This remedy was employed in the constitutional treatment of all the various forms of scrofulous ophthalmia, and

the results were such as fully to sustain the great confidence which Dr. Hays has in its efficacy, a confidence which, he remarked, had been gained from the use of the cod-liver oil in a large number of cases in both public and private practice for the last three years. The oil was also found of especial value in all cases which, under ordinary treatment, have a tendency to frequent relapses; in these cases, its use alone was found sufficient to effect a cure, unaided by local applications. This was most evidently manifested in the case of a sailor, æt. 25, who came into the hospital in March last, and for the last three years has been the subject of a most intractable conjunctivitis. Up to the 1st of November last, the usual modes of treatment were diligently employed without any amendment; indeed, he was much worse in October than he had been at any time since he came into the hospital. From the time of his admission up to the 1st of November, he had several very severe relapses, in the last of which he had an ulceration of the cornea, which perforated and allowed the escape of the aqueous humor. It was while suffering the most in this relapse that he was ordered the cod-liver oil, with an entire discontinuance of all other remedial means. At that time the vascularity of the cornea was such as entirely to obscure vision—lachrymation was profuse, and photophobia intense; his improvement from that time to this (January 24, 1851) has been rapid and permanent. He can now see to read; he can also bear the light of noonday without lachrymation or inconvenience of any kind, and the great vascularity of the cornea has almost entirely subsided. Many other instances, illustrative of the statements above made, might be cited from the present service of Dr. Hays, did the space designed to be occupied by this report permit.—*Am. Journ. of Med. Science.*

External Application of Diuretics in Dropsy.—As external medication is now being made the topic of much discussion in the medical journals, it is important that its results in private practice should be made known. Our pages are ever open for practical contributions upon this subject, and we invite all who have made use of external medication in dropsies, to write out the results for the Journal. We have tried the remedy in one case, which was perfectly successful. A lady, aged 45 years, had for some months an increasing quantity of fluid accumulating in the abdominal cavity, which so distended it, that at the time of our first visit she was suffering greatly from the pressure. The quantity of urine evacuated, as is usual in such cases, was very scanty. After using the common remedies without much benefit, we were induced to try the effect of external medication, which it affords us much gratification to say was attended with the happiest results. Our formula was as follows:—℞. Tr. digitalis, tr. scillæ, tr. saponis et opii, āā ℥ij.; aqua ammoniæ, oleum camphoræ āā ℥ss.; tr. cantharides fort. ℥ij. M. This was rubbed freely into the skin three times a-day. It only required three times the quantity above mentioned to be used, before our patient was well. It is now four months since her recovery, and there has been no return of the disease; our patient is in the enjoyment of even better health than she has experienced for many years before. It might not be as effectual a remedy in every case; but we are inclined to believe, if there be *no organic disease*, in most cases the same results would follow. At any rate, it is worthy of repeated trials.—*Boston Med. and Surg. Journ.*

Prophylactic Treatment of Puerperal Fever.—Dr. J. P. Mettauer, of Virginia, valuable communications from whom have formerly at differ-

ent times been communicated to this Journal, describes, in the Charleston Medical Journal, a prophylactic course of treatment adopted by him in puerperal cases. He speaks first of "purging in a few hours after delivery," by the following cathartic:—R. Aloes socot., gr. vij.; scam. alep., gr. v.; calomel, gr. viij.; ipecacuanha, gr. j.; water, q. s. Make the mass into four or five pills for a dose. 2d. "Purging more remotely after delivery," by the following—R. Aloes socot., jalap rad. pulv. ää gr. viij.; colocynth. pulv., gr. iij.; water, q. s. Make into three or four pills. From one to three to be taken at a time. Or, R. Aloes socot., gr. ij.; jalap pulv., gr. iij.; rhei pulv., gr. iv.; ipecacuanha, gr. j.; water, q. s. Make two or three for one dose. 3d. "Purging in all cases after delivery." Under this head he remarks—

"This has been my custom for many years, believing that women are more or less predisposed to puerperal peritonitis and fever, in every case after parturition. In twelve hours after delivery I invariably order a cathartic, mild or otherwise, no matter how favorably situated the case may be; and I believe that many cases, nay, I might with propriety say all, have been benefited by the practice more or less. I think it very probable that attacks of fever have been warded off by it, when a predisposition to the disease was not suspected. Certainly the practice greatly ameliorates the condition of the breasts during the setting in and early periods of lactation. It also guards patients against certain cutaneous and other irritations frequently consequent upon parturition. I have little doubt that it has prevented phlegmasia dolens in many instances; and I am led to this conclusion, from the fact that no cases of this painful disease have occurred in my practice since it was adopted. Patients, however, are often unwilling to submit to it after delivery, when, as they express it, they 'feel so well.' And, in some cases, females entertain such a horror for medicine, that they will incur the danger of an attack of puerperal fever, rather than consent to take a cathartic, when they do not feel really sick."—*Ibid.*

Treatment of Chorea by Frictions with Chloroform.—M. Gassier has published three cases of chorea cured by the topical application of chloroform.

The first was that of a child, seven years of age, in whom the disease was caused by fright. A liniment composed of equal parts of chloroform and oil of sweet almonds was rubbed, night and morning, along the course of the spine. From its first employment the violence of the muscular movements was moderated, and in six days the patient was cured.

The second case was that of a boy, twelve years of age, in whom the disease had appeared two months before as the effect of fright. The spasmodic movements were so violent that he could hold nothing in his hands, nor walk without help. At the end of a fortnight, under chloroform frictions, the disease had disappeared. A relapse, however, occurred, which was cured in two days by a return to the same means.

In a third case, of five months' standing, the result, also, of fright, the symptoms disappeared in seven days under chloroform frictions.—*L'Union Médicale*, from *Boston Journ.*